RECEIVED

FEC FORM 9

2010 NOV 29 AM 8: 56

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR FEC MAIL CENTER ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations					
(a) Name					
7	Set , T	5 /s-g/g/ t street) □ check if differen	nt than previously reporter		
`		25-145-tone		•	2. FEC Identification Number
	c) City, State and ZIP Co	de			7 c
((d) Name of Employer or	Principal Place of Business	20 80919	(e) Occupat	lion
	PATRICK 1	Davis Gonsy	lting	<u>Co</u>	msulting
		New		ss .	0 27 2010
3. Is	This Statement	or	4. Covering		through
		Amended		fa ^m	1 03 2010
5. (a)) Date of Public Distrib	ution(s) 1076	7 7010	(b) Communication	Title Life Support
6. Th	e filer is a(n): (a)	Individual (b) Uninc	corporated Organization	n (c) 2 Qualifie	d Nonprofit Corporation (11 CFR 114.10)
		*		•	nunications under 11 CFR 114.15
	• • • •		amou recipioni corpore	ation making com	named and the or the training
	(e) Other, specify:				
		vidual, unincorporate ents made exclusivel	-	-	165 110
8. C	ustodian of Record	ls			
į	(a) Name				
_	(b) Address (number and	k DAVIS			
			,		
-	(c) City. State and ZIP Co	Hear thister	re hane		
		Ob Soring Principal Place of Business		20914	
=	(d) Name of Employer or	Principal Place of Business		(e) Occupa	tion
	PATIEN	DAVIS	Gonsalti,	g .	Comzulting
9. To	otal Donations This	s Statement		an an an againm Alaman ilan ∮ na an	2.000.00
10. T	otal Disbursement	s/Obligations This Sta	atement	n este en la car Le asean e 🕽 este	200000
U	nder penalty of perjury.	I certify that this statemen	nt is true, correct and co	omplete.	
	Under penalty of perjury, I certify that this statement is true, correct and complete. TYPE OR PRINT NAME OF PERSON COMPLETING FORM PALY LAVIS				
PARAGER DIVIS					
	SIGNATURE	Texas)	Jarre	DATE	11-19-2010

List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE OF

Per:	son(s) Sharing/Exercising Control	
A.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
В.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZiP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A

Donation(s) Received

PAGE OF

В	Full Name of Donor Tim Loomis Mailing Address of Donor 1204 Church 5+ City State Zip 54. Holes A CA 94574 Full Name of Donor	Date of Receipt M. M. J. D. D. J. D. J. D.
	Mailing Address of Donor City State Zip	Date of Receipt Mark / Date Date (Property Property) Amount 3. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
C	Mailing Address of Donor City State Zip	Date of Receipt M. M., J. D. D. J. J. Y. Y. Y. Y. Y. Y. Y. A. Amount
D	Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Amount
E	Mailing Address of Donor City State Zip	Date of Receipt M. M. J. D. Mo. J. Y. Y. Y. Y. Y. Y. Y. A. A. M.
	COTAL of Donations This Page (optional) L This Period (last page this line number only) (carry total from last page to Line 9)	20000

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

AGE	OF

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
	10 29 2010
Mailing Address of Payee	Amount
City Riosport Ave. #101	the second of th
	200000
Salt Lake City UT SYID! Name of Employer Occupation	Communication Date
	10292010
Purpose of Disbursement (Including title(s) of communication(s))	
	L
Name of Federal Candidate Office Sought: Fouse State: LA	Disbursement/Obligation_For:
Senate Senate	Primary General
Tim Judd President District: DE	Other (specify)
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate District:	Primary General
Name of Federal Candidate Office Sought: House	Other (specify)
State:	Disbursement/Obligation For: Primary General
Senate District:	Other (specify)
	Date of Disbursement or Obligation
B. Full Name (Last, First, Middle Initial) of Payee	M M / D 1 Y Y Y
Mailing Address of Payee	Basal Basal Basansas
300 12 Pinnont 110 #101	Amount paid of support growth and a paid of a
City State Zip Code	
Soft Jako Pita UI 84101	
Name of Employer Occupation	Communication Date
Name of Employer Occupation Advert	Communication Date
Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s))	Communication Date
Purpose of Disbursement (Including title(s) of communication(s))	Communication Date
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State:	Communication Date
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District:	Communication Date M
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: Senate President District: President	Communication Date M
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District:	Communication Date M
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: Senate President Name of Federal Candidate Office Sought: House State: State:	Communication Date M to / D D / Y Y Y Disbursement/Obligation For: Primary General Other (specify) ▶ Disbursement/Obligation For:
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President	Communication Date M
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Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: President Name of Federal Candidate Office Sought: House State: Senate President House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate Senate District: President Name of Federal Candidate	Communication Date M
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: District: District: District: District: District:	Communication Date M
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: District: District: District: District: District:	Communication Date M th / D D / Y Y Y Y Disbursement/Obligation For: Primary
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: District: District: District: District: District:	Communication Date M th / D D / Y Y Y Y Disbursement/Obligation For: Primary
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate	Communication Date M th / D D / Y Y Y Y Disbursement/Obligation For: Primary
Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: House State: Senate District: President District: President	Communication Date M to 1 D D 1 Y Y Y Y Disbursement/Obligation For: Primary General Other (specify) ▶

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** 1/22/200 Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): JB 11/29/2010 **PREPARER** DATE PREPARED

(3/2005)